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Rev. 5/98U.S. Department of Commerce
Patent and Trademark Office**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**☒ Declaration
Submitted
with Initial Filing OR ☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number 960296.98032

First Named Inventor Jonathan C. Makielski

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SODIUM CHANNEL ALPHA SUBUNITS

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §385(b) of any foreign application(s) for patent or inventor's certificate or §385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBAM4/325004

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DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Patent Application
NumberPCT Parent
NumberParent Filing Date
(MM/DD/YYYY)Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name
OR
Customer
Number or label
☒ List attorney(s) and/or agent(s) name and registration number below

Name

Registration
Number

Name

Registration
NumberNicholas J. Sesy
Bennett J. Berson27,386
37,094David M. Kettner
Zhibin Ren45,598
47,897

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to

☐ Customer
Number or label
OR ☒ Fill in correspondence
address below

Name

Bennett J. Berson

Address

Quarles & Brady LLP

Address

P O Box 2113

City

Madison

State

WI

Zip

53701-2113

Country

USA

Telephone

(608)251-5000

Fax

(608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given

Jonathan

Middle

C.

Family

Makielski

Suffix

Inventor's
Signature

Date

Residence:

Fitchburg

State

WI

Country

US

Citizenship

US

Post Office

2738 Richardson Street

Post Office

City

Fitchburg

State

WI

Zip

53711

Country

US

Applicant
Authority

☒ ☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given	Bin				Middle			Family	Ye				Suffix						
Inventor's										Date									
Residence:		Forsyth				State	IL	Country	US		Citizenship	US							
Post Office		939 Schroll Drive																	
Post Office																			
City	Forsyth				State	IL	Zip	62535		Country	US		Applicant Authority						
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle Initial			Family Name					Suffix						
Inventor's										Date									
Residence:						State		Country			Citizenship								
Post Office																			
Post Office																			
City					State		Zip			Country			Applicant Authority						
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle			Family					Suffix						
Inventor's										Date									
Residence:						State		Country			Citizenship								
Post Office																			
Post Office																			
City					State		Zip			Country			Applicant Authority						
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle			Family					Suffix						
Inventor's										Date									
Residence:						State		Country			Citizenship								
Post Office																			
Post Office																			
City					State		Zip			Country			Applicant Authority						
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle			Family					Suffix						
Inventor's										Date									
Residence:						State		Country			Citizenship								
Post Office																			
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